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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/753,869		
	Filing Date	January 8, 2004		
	First Named Inventor	Guoxian Liang et al. Robert Schulz et al.		
	Title	Method for storing hydrogen in an hybrid form		
	Art Unit	1754		
	Examiner Name	N/A		
	Attorney Docket Number	25000.15		

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	Firm or Individual Name Randall C. Brown					
	Address	Haynes and Boone, L.L.P.				
	Address	901 Main Street, Suite 3100			-	T
	City	Dallas		State	TX	Zip   75202-3789
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	Telephone 214-651-5000 Fax 214-200-0853					
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name	Robert Schulz	11/1				
Signature AM 1M +						
Date	Date July 13, 2004 Telephone (450) 652-8103					(450) 652-8103
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
V	*Total of 4 forms are submitted.					

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	Examiner Name	N/A
	Attorney Docket Number	25000.15

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City	·	Dallas		State	TX		Zip   75202-3789	
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	Applicant/Inventor.  Assignee of record of Statement under 37 C	the entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. PTO/SB/96)					
		SIGNATURE of	Applicant or As	signee (	of Record			
Name	Guoxian Liang							
Signature	Guose	c-2					-	
Date	Date fuy 19, 2004 Telephone 410/651-1202-228							
NOTE: Sign forms if mo	natures of all the invento re than one signature is	rs or assignees of record of the ent required, see below*.	tire interest or their	representa	ative(s) are required	. Submi	t multiple	
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Country	USA				
Telephone	214-651-5000	Fax	214-200-0853		
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name Jacopes Huot	06 -2				
Signature dealer Hurt					
Date     July 18 2009   Telephone 819-324-9222					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
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			Applicant or Ass	signee o	of Record	
Name Pa	trick Larochelle	/				
Signature	Poul la	Me				
Date	8-06-7	054			Telephone 4	150-649-5042
		s or assignees of record of the ent required, see below*.	ire interest or their re	epresenta	tive(s) are required. Subm	nit multiple
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